

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	1
2		1		1			52	3
3		2		1			53	3
4		2		1			54	3
5		2		1			55	3
6		1		1			56	3
7		1		1			57	3
8		1		1			58	3
9		1		1			59	1
10		2		1			60	1
11		2		1			61	1
12		2		1			62	3
13		2		1			63	1
14		1		1			64	1
15		1		1			65	1
16		1		1			66	1
17		3		1			67	
18		3		1			68	
19		3		1			69	
20		3		1			70	
21		3		1			71	
22		3		1			72	
23		3		1			73	
24		1		1			74	
25		1		1			75	
26		1		1			76	
27		1		1			77	
28		1		1			78	
29		1		1			79	
30		1		1			80	
31		1		1			81	
32		1		1			82	
33		1		1			83	
34		1		1			84	
35		1		1			85	
36		1		1			86	
37		1		1			87	
38		1		1			88	
39		1		1			89	
40		1		1			90	
41		1		1			91	
42		1		1			92	
43		1		1			93	
44		1		1			94	
45		1		1			95	
46		1		1			96	
47		1		1			97	
48	1		1				98	
49		1		1			99	
50		1		1			100	
TOTAL IND.							TOTAL IND.	2
TOTAL DEP.							TOTAL DEP.	64
TOTAL CLAIMS							TOTAL CLAIMS	66